

Changing benefit coverage at the City of Minneapolis

Medical, dental, and flexible spending accounts

You may make changes to your medical, dental, and flexible spending accounts each year during the November open enrollment period. Your changes are effective for the following calendar year. You may also make changes to these benefits during the year if you experience an eligible change in status, including:

- Change in legal marital status such as marriage or divorce.
- Change in number of dependents in the event of birth, adoption, or death.
- Change in your or your dependent's employment - either starting or losing a job.
- Change in your or your dependent's work schedule, such as going from full-time to part-time or part-time to full-time, or beginning or ending an unpaid leave of absence.
- Change in dependent status, such as if a child reaches maximum age
- Change in residence or work location so you are no longer eligible for your current health plan.
- Become eligible for Medicare, Medicaid or Children's Health Insurance Program (CHIP) coverage.
- Termination of Medicare, Medicaid or Children's Health Insurance Program (CHIP) coverage because you or your dependents are no longer eligible.
- Loss of other coverage.

Your requested benefit change must be consistent with the change in status and you must submit a Benefit Change Form and supporting documentation to the City of Minneapolis Benefits Office within 30 days of the event (the notification period is not limited to 30 days for newborns or newly adopted children). Except for medical and dental coverage for newborns, newly adopted children or children placed in foster care, changes are effective on the first day of the month following the event.

Life Insurance

- If you do not have optional life insurance, you may apply for coverage with after tax deductions at any time by completing an evidence of insurability packet.
- If you are enrolled in optional life insurance and pay for coverage with after-tax contributions, you can cancel or decrease your coverage at any time. You may also cancel dependent life insurance at any time.
- If you are enrolled for optional life insurance and experience a change in status, you can increase your optional life insurance by one level to a maximum of \$500,000. Depending on the event, you may also be able to enroll for dependent life insurance. You must submit a Benefit Change Form to the City of Minneapolis Benefits Office within 30 days of the event.

Other Changes

- **Short Term Disability.** You may cancel coverage any time by submitting your request in writing to the Benefits Office.
- **Metropass.** You may enroll or cancel coverage at any time during the year. To enroll or cancel, you need to complete a Metropass Enrollment form or Metropass Cancellation Form and submit it to the Benefits Office by the first Friday of the month in order for the change to be effective the following month
- **Qualified Parking and Commuter Van Pool.** You may enroll, change your deduction amount or stop participating at any time during the year. To make a change, complete the Qualified Parking and Commuter Van Pool Enrollment and Change Form by the 15th of the month in order for the change to be effective the following month.

Eligible Dependents and Supporting Documentation

Eligible Dependents	Definition of Eligible Dependent (medical and dental coverage)	Supporting Documentation
Spouse	Legally married under Minnesota Law	Copy of marriage certificate. If married two years or more, also include prior year federal tax return listing spouse.
Biological Children	Eligible until age 26	Copy of child's birth certificate or hospital birth record with employee listed as parent
Adopted Children	Eligible until age 26	Copy of final adoption order or placement order approved by the court
Step Children	Eligible until age 26. Employee must be legally married to child's parent	Copy of the child's birth certificate naming your spouse as the parent and a copy of the marriage certificate for you and your spouse
Disabled Dependent	Dependent is incapable of self-sustaining employment by reason of disability and is chiefly dependent on employee or employee's covered spouse for support and maintenance.	Must provide proof of disabled dependent status to Medica no later than 31 days after child's 26 th birthday. Contact Medica for Request for Extended Coverage form.
Grandchildren	Grandchild of the employee/retiree or spouse who is financially dependent upon employee or spouse and who has resided with employee or spouse continuously from birth	Copy of employee's federal tax return listing child as a dependent and a copy (with employee's current address) of current report card, school registration, physician's statement/bill or day care statement
Legal Ward	Child for whom the employee or spouse has been appointed legal guardian. <i>Note:</i> The child is no longer eligible after legal guardianship ends, typically at age 18.	Copy of court order appointing employee or eligible spouse as the child's legal guardian

A person may not be covered twice under the City of Minneapolis medical plan. An employee may not enroll for single coverage and also enroll as a dependent on another employee's medical coverage. Likewise, children of two covered employees may not be covered twice under the City of Minneapolis medical plan.